08897 MARYLAND STATE DEPARTMENT OF HEALTH 08904

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Whaleyville R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 22-12-3

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edgar (Last) Cain
4. DATE OF DEATH: (Month) SEPT (Day) 2 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write) MARRIED
8. DATE OF BIRTH: Jan 4, 1910
9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: TOLEDO SCALES
11. BIRTHPLACE (State or foreign country): JEFFORSONVILLE IND.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHARLES H. CAIN SR.
14. MOTHER'S MAIDEN NAME: KATIE DUNN.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: MR. C.H. CAIN JR, 3305 LEXINGTON R'D. LOUISVILLE KY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

S23X

Immediate cause (a) Shock, Cerebral Contusion + laceration, ac — minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to Compound Fracture skull, frontal & Rt Parietal Bone

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. V Laceration of Scalp & Forehead

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt #50 — (CITY OR TOWN) Whaleyville — (COUNTY) Worcester — (STATE) Md

TIME OF INJURY (Month) Sept (Day) 2 (Year) 54 (Hour) 5:10 Am. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Struck a telephone pole.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Herman A Rahbine M.D. — Berlin, Md — 9/5/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE THEREOF Sept 6, 1954 — NAME OF CEMETERY OR CREMATORY Calvery — LOCATION (City, town, or county) (State) Louisville Kentucky

DATE REC'D BY LOCAL REG. 9/7/54 — REGISTRAR'S SIGNATURE Helen F. Hayward — 24. FUNERAL DIRECTOR — ADDRESS Dana A. Bunting Berlin Md.

mnt

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08905

08898

Item 7, FilmG171 10-18-54 et

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. #2
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. #2
STREET ADDRESS (If rural give location) Pocomoke, md

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) (Last) COLLINS

4. DATE OF DEATH: (Month) Sept. (Day) 26 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Separated

8. DATE OF BIRTH: 4/14/1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Collins

14. MOTHER'S MAIDEN NAME: Mary Ellen Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 218-14-4512

17. INFORMANT & ADDRESS: Mother Collins Pocomoke Md

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

IMMEDIATE CAUSE (A) Lobar Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteria-sclerosis —

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1954 to 9/25, 1954 that I last saw the deceased alive on 9/25, 1954, and that death occurred at 11P. M, from the causes and on the date stated above.

SIGNATURE Louis L. Llewelyn, M.D. ADDRESS Pocomoke, Md. DATE SIGNED 9/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-3-54 | NAME OF CEMETERY OR CREMATORY St. James | LOCATION (City, town, or county) (State) Pocomoke Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 3, 1954 | REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Edgar Whorton - New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
OCT 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08906

08899

CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stockton
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bay Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) RFD 3

3. NAME OF DECEASED: (First) BESSIE (Middle) LEE (Last) GOOTEE
4. DATE OF DEATH: (Month) Sept. (Day) 29, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: June 6, 1878
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sidney Timmons
14. MOTHER'S MAIDEN NAME: Ella Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Preston Jones, Stockton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 11 Days

ANTECEDENT CAUSE (B) DUE TO Chronic Glomerular Nephritis — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease — Years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1949, to Sept. 29 1954 that I last saw the deceased alive on Sept. 28, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.
SIGNATURE Charles W. Trader M. D. ADDRESS Pocomoke City, Md. DATE SIGNED 9-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/2/54
NAME OF CEMETERY OR CREMATORY Remson ME Cemetery
LOCATION (City, town, or county) (State) RFD, Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 2, 54
REGISTRAR'S SIGNATURE Elmer E. Cooper
24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

RECEIVED
OCT 7 1954
BUREAU V. S.

08900

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08907

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishop
LENGTH OF STAY (in this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishop
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Green

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: —

9. AGE last birthday: abt. 74 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Retta Jones Bishop, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocarditis

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1954, to 9-15, 1954, that I last saw the deceased alive on 9-12, 1954, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford E. Lebolt M.D. Berlin Md 9-15-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept. 16, 1954 | NAME OF CEMETERY OR CREMATORY: Sarah Dukes | LOCATION (City, town, or county) (State): Bishop, Md

DATE RECD BY LOCAL REG.: 9/15/54 | REGISTRAR'S SIGNATURE: Hilda R. Bergey Asst. | **24. FUNERAL DIRECTOR**: Henry L. Watson | ADDRESS: Pocomoke City, Md.

RECEIVED
SEP 17 1954
BUREAU V. S.

08901

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08008

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Atlantic Ocean St. 10th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 214 N. Clairmont Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alexander	Toadvin	Grier	Sept	12	1954.

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 31, 1891	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Executive	Foundry	Salisbury Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert David Grier	Lydia Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: (WIFE)
yes World War I	UNKNOWN 217-10-3531	Mrs. Ella McLain Grier Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Deferred Pending Autopsy. — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning, accidental. — minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. Townsend Jr. M.D. — Asst Deputy Medical Examiner Worcester County Ocean City Md — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ M. D. — DATE SIGNED Sept 12, 54.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/16/54	Parsons Cemetery	Salisbury, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-15-54	Mary W. Holloway	Ise Hill & Johnson Co.	
10-17-54	Helen F. Hayward, Berlin, Md.	George C. Hill	

RECEIVED
SEP 20 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

Item 18 Film G171 10-8-54 ams

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin X
LENGTH OF STAY (In this place) About 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Delores (Middle) (Last) Hall
4. DATE OF DEATH (Month) Sept (Day) 11 (Year) 1954
5. SEX Female
6. COLOR OR RACE A.A.
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Common Law
8. DATE OF BIRTH Unknown
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory - Laborer
10b. KIND OF BUSINESS OR INDUSTRY Chicken Plant
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS James Willis — Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cause of Death Pending

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asphyxia due to Strangulation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Berlin (COUNTY) Germantown (STATE) Worcester, Md
TIME OF INJURY (Month) Sept (Day) 11 (Year) 1954 (Hour) 9 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Strangled to Death after being struck in chest.

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE Herman A. Rahlin (Degree or title) M.D. ADDRESS Berlin, Md. DATE SIGNED 9/22/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-25-54
NAME OF CEMETERY OR CREMATORY Houston Cemetery
LOCATION (City, town, or county) Salisbury, Wicomico, Md. (State)
DATE REC'D BY LOCAL REG. 9-25-54
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR J.F. Mary A. Stewart ADDRESS
STEWART FUNERAL HOME
324 E. Church St. Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08909

08903

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH: COUNTY Worcester Co; MARYLAND md.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Worcester Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Md.; STREET ADDRESS (If rural give location) 215 Martin St

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Dilwood L. (Last) Hogan

4. DATE OF DEATH: (Month) Sept (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 4 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Serima Sr.

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-18-7421

17. INFORMANT & ADDRESS: John McDowell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension Arteriosclerotic Myocarditis & Nephritis — unknown

DUE TO (c) Congestive heart failure — 6 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1954, to Sept 13, 19 54; that I last saw the deceased alive on Sept 12, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Cohen M.D. ADDRESS Snow Hill Md. DATE SIGNED 9/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Sept 18 1954; NAME OF CEMETERY OR CREMATORY Lake Cem.; LOCATION (City, town, or county) (State) Lake Miss.

DATE REC'D BY LOCAL REGISTRAR Sept 13.54; REGISTRAR'S SIGNATURE Lloyd E. Cooper

24. FUNERAL DIRECTOR Booker M. West; ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 15 1 54
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08904 **CERTIFICATE OF DEATH** Reg. Dist. No. 08910 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin.
STREET ADDRESS (If rural give location) William St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Eliza (Last) Hudson
4. DATE OF DEATH (Month) Sept. (Day) 4 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 18, 1882
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Berlin Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Nock.
14. MOTHER'S MAIDEN NAME: Ella Cropper.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No.
17. INFORMANT & ADDRESS: Mr. William Hudson, Berlin Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Acute Coronary thrombosis — 20 min

ANTECEDENT CAUSE (S) DUE TO (B) Coronary Heart Disease etc. — 1 yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized Arteriosclerosis — 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obesity - moderate

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 4, 1954, to Sept 4, 1954, that I last saw the deceased alive on Sept 4, 1954, and that death occurred at 10:20 P.M, from the causes and on the date stated above.

SIGNATURE Herman A. Robbins M.D. ADDRESS Berlin, Md DATE SIGNED 9/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/7/54
NAME OF CEMETERY OR CREMATORY Bucking Dam
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-7-54
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anne A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

SEP 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08905

CERTIFICATE OF DEATH

Reg. Dist. No. 08911

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY WORCESTER

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN

STREET ADDRESS (If rural give location) WILLIAM ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CHARLES LEE JOHNSON

4. DATE OF DEATH: (Month) (Day) (Year) SEPT 29 1954.

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: APRIL 18, 1891

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN

10B. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

11. BIRTHPLACE (State or foreign country): BERLIN MD R.F.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL JOHNSON

14. MOTHER'S MAIDEN NAME: LEAH MASSEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS. C. L. JOHNSON, BERLIN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Anoxia c̄ pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 Hours

ANTECEDENT CAUSE (S) DUE TO (B) Bronchogenic Carcinoma — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. severe Cachexia

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT., 1953, to Sept., 1954, that I last saw the deceased alive on Sept. 22, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE Robert A. Grubb MD M.D. ADDRESS Berlin, MD. DATE SIGNED 9/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 10-2-54

NAME OF CEMETERY OR CREMATORY TAYLORVILLE

LOCATION (City, town, or county) (State) BERLIN MD (R.F.D.)

DATE REC'D BY LOCAL REGISTRAR 10-2-54

REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Irma A. Burbage ADDRESS Berlin MD

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 6
BUREAU V. S.

08906 MARYLAND STATE DEPARTMENT OF HEALTH 08912

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Corbin Farm Pen Bending Creek Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke City
STREET ADDRESS (If rural, give location) Corbin Farm.

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) (Last) Jones
4. DATE OF DEATH (Month) Sept (Day) 21 (Year) 1954
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept 12 - 1915
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Pinsole Va
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Miller
14. MOTHER'S MAIDEN NAME Hattie Layton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. (?)
17. INFORMANT AND ADDRESS John Jones Pocomoke

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Conflagration

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Explosion & consuming fire

(c) oil poured on stove

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 21 1954 6:30 a.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Explosion from pouring oil on stove

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. Antonius Md. Dep Med Exam Pocomoke City Md 9/21/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 23, 1954
NAME OF CEMETERY OR CREMATORY Georgetown Cemetery
LOCATION (City, town, or county) (State) Pocomoke City, R#2, Md.

DATE REC'D BY LOCAL REG. Sept. 21, 1954
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors Crisfield, Md. Robert H. Bradshaw
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08895

CERTIFICATE OF DEATH

08913

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 810 Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural give location): 810 Second St.

3. NAME OF DECEASED: (Type or Print) First: RUFUS Middle: JAMES Last: LONG

4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 18, 1875

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Railroad (PRR)

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Long

14. MOTHER'S MAIDEN NAME: Sarah Carey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Ocea M. Long, Pocomoke, Md.

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause	(a) DUE TO	General Debility -	approx 1yr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Prostate Carcinoma with Gen Metastasis	1 1/2 yrs.
	(c)	(1) Generalized Arteriosclerosis Severe	6-8 yrs or more
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		(2) Arteriosclerotic Heart Disease, Severe (3) Purpura - Secondary to above.	2-3 yrs 3-4 months

19a. DATE OF OPERATION: Last - Sept 1954

19b. MAJOR FINDINGS OF OPERATION: Prostate Carcinoma -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE): Pocomoke - Worcester - Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Feb., 19 48, to 26 Sept., 19 54, that I last saw the deceased alive on 23 Sept, 19 54, and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Norman E. Satorius, Jr. — ADDRESS: 114 Market St. Pocomoke, Md. — DATE SIGNED: 27 Sept 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-28-54

NAME OF CEMETERY OR CREMATORY: Salem ME Cemetery

LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept 28, 1954

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry H. Watson, Pocomoke, Md.

ADDRESS

RECEIVED
SEP 29 1954
BUREAU V. S.

08907 08914

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton (Rural) | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Stockton
STREET ADDRESS (If rural, give location) RFD 2

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MICHAEL	D.	MARSHALL	Sept. 13, 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	Aug. 26, 1954	- yrs.		17		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Salisbury Stockton, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Carleton R. Marshall	Doretha L. Copes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No None	None	Carleton R. Marshall, Stockton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Surfocation (accidental)
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Blanket over head of child
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Deformity of one side of body

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY farm	21c. (City or town) Stockton Rural	(County) Worcester	(State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? Baby put on bed with mom - Evidently put blanket over head of baby accidentally

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined, cause ☐.

SIGNATURE W. F. Watson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9/13/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	9-14-54	St. Paul's Cemetery	Stockton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 17, 54	Elwyn E. Cooper	Henry H. Watson	Pocomoke, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9327

08908 **CERTIFICATE OF DEATH** Reg. Dist. No. 381

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark
LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Newark, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural give location): Route # 3

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Tingle (Last) Morris

4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: About 1894

9. AGE last birthday: About 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Tingle

14. MOTHER'S MAIDEN NAME: Ellen Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 219-07-6977

17. INFORMANT & ADDRESS: Walter Tingle, Berlin, Worcester Co., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Hypostatic Pneumonia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Cerebro vascular Accident Rt - hemiplegia	2 mos
	(c) DUE TO Hypertension Cardiovascular Disease	several years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-1954 to 9-25-1954, that I last saw the deceased alive on 9-25-1954 and that death occurred at 2:30 A M 9/27/54, from the causes and on the date stated above.

SIGNATURE (Degree or title): Ivory M. Duckett, Jr., M.D. — ADDRESS: Berlin, Md. — DATE SIGNED: 9/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-30-'54 — NAME OF CEMETERY OR CREMATORY: Germantown Cemetery — LOCATION (City, town, or county) (State): Berlin, Worcester Co., Md.

DATE RECD BY LOCAL REGISTRAR: 9/29/54 — REGISTRAR'S SIGNATURE: Elwyn E. Cooper — 24. FUNERAL DIRECTOR — ADDRESS: Mary A. Stewart, 324 E. Church St., Salisbury, Md.

STEWART FUNERAL HOME

RECEIVED
OCT 14 1954
BUREAU V. S.

08909

08915

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe Rural Berlin Route 1; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester; CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Berlin; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Jestin Newton	Sept 5 19 54	M	C	W	1888	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY
Auto Mechanic	Nursery	Berlin Md Trappe	USA

13. FATHER'S NAME: John H Newton

14. MOTHER'S MAIDEN NAME: Adeline Ayres

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war) dates of service	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Thomas Newton Berlin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowning — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

Interval Between Onset And Death: Accidental Minutes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Deceased had history of dizzy spells.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pond at Trappe	21c. (City or town) Trappe	(County) Worcester	(State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Sept 5 1954 4:30 P.M.		Deceased fell into deep water

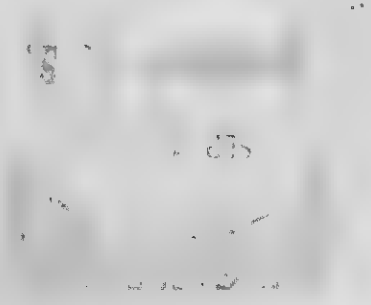
22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. R. Bartenus M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9/6/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/6/54	St Paul's	Berlin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-10-54	Helen F Hayward	Owen A Bunting	Berlin Md



08910

08916

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville Rural

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Caroline Hotel Building

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bishopville + Rural

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Cornelius (Middle) Henry (Last) Oaks Jr

4. DATE OF DEATH (Month) Sept (Day) 29 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sing C

8. DATE OF BIRTH: March 1 1950

9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Berlin, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cornelius Henry Oaks Jr

14. MOTHER'S MAIDEN NAME: Grace Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Cornelius Henry Oaks Jr father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Accidental Homicide (Shot gun) DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) (Loaded) fire arm DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Loaded Shot Gun in Corner of Kitchen where boys were playing

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

21c. (City or town) Bishopville Rural (County) Worcester (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 29 1954 4 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Deceased & cousin were playing "Cops & Robbers"

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE N. E. Bastowers Dep. Med. Exam. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/3/54

NAME OF CEMETERY OR CREMATORY Parsons bury

LOCATION (City, town, or county) Parsons bury (State) Md

DATE REC'D BY LOCAL REG. 10/3/54

REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Anne A. Burbage

ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

08917

MARYLAND 08911

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 351

M

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (In this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) (Last) Purnell

4. DATE OF DEATH (Month) Sept. (Day) 21 (Year) 1954

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 27-1885
9. AGE last birthday 68-10-24 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Pocomoke City, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Collins
14. MOTHER'S MAIDEN NAME Katherine Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 219-14-2997
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio-vascular renal

Antecedent cause(s) (b) disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH: unknown; 1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1954, to Sept 21, 1954, that I last saw the deceased alive on Sept 20, 1954 and that death occurred at 3.00 A m., from the causes and on the date stated above.

SIGNATURE Paul Green MD (Degree or title) ADDRESS Snow Hill Md DATE SIGNED 9/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Sept 26/54
NAME OF CEMETERY OR CREMATORY Baptist
LOCATION (City, town or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. Sept 25/54
REGISTRAR'S SIGNATURE Elwyn E. Cooper
24. FUNERAL DIRECTOR Alloy C. Dennis, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

I

RECEIVED
SEP 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08918

08912

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Rural #1
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Rural #1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) E. (Last) Riley

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 3 1903
9. AGE last birthday: 51-6.20 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk Post office
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Post office
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Asbury C. Riley
14. MOTHER'S MAIDEN NAME: Lillian Holloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Amy H. Riley, Snow Hill Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Arterio-sclerotic

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) disease — 3 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to Sept 23, 1954, that I last saw the deceased alive on Sept 23, 1954, and that death occurred at 2.30 A M, from the causes and on the date stated above.

SIGNATURE Paul Cohen M.D. ADDRESS Snow Hill Md DATE SIGNED 9/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept. 25/54
NAME OF CEMETERY OR CREMATORY: Baptist
LOCATION (City, town or county) (State): Snow Hill, Md

DATE REC'D BY LOCAL REGISTRAR: Sept 25/54
REGISTRAR'S SIGNATURE: Evelyn E. Cooper
24. FUNERAL DIRECTOR: Clay E. Timmons, Snow Hill Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

SEP 23 1954

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08913 08919

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin ✓ LENGTH OF STAY (in this place) All life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin ✓
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 3 ✓	STREET ADDRESS (If rural give location) Route # 3

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) (Last) Showell

4. DATE OF DEATH: (Month) 9 - (Day) 11 - (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	A.A.	Widowed	3-6-1861	93 yrs.	6	5		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Railroad	Berlin, Worcester Co. Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Decature Showell	Caroline Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	Mr. Wilford Showell, Berlin, Md. Rt.# 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary edema	12 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Congestive heart failure	7 days
	DUE TO (c) Renal - Cardiovascular - Disease	Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/ ,1954, to 9/9, 1954, that I last saw the deceased alive on 9/9, 1954, and that death occurred at 10:00 AM 9/11/54, from the causes and on the date stated above.

SIGNATURE Leroy G. Lusby, Jr. (Degree or title) MD ADDRESS Berlin Md DATE SIGNED 9/11/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-14-'54	Evergreen Cemetery	Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-14-54	Helen F. Hayward	Mary A. Stewart	324 E. Church St. Salisbury, Md.

STEWART FUNERAL HOME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 17 1954
BUREAU OF

08920

MARYLAND 08914

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 351

M

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 98 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) A. J. (Last) Stanford
4. DATE OF DEATH (Month) Sept. (Day) 21 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 2-1856
9. AGE last birthday 98-6-19 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tasar
10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill
11. BIRTHPLACE (State or foreign country) Snow Hill md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William T. Stanford
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Alley E. Timmis, Snow Hill, md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Dehydration and Uremia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Acute Bacillary dysentery	3 days
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Prostatic Obstruction	3 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1954, to Sept 21, 1954, that I last saw the deceased alive on Sept 21, 1954, and that death occurred at 9:00 AM m. from the causes and on the date stated above.

SIGNATURE Heath LaMar (Degree or title) M.D. ADDRESS Snow Hill DATE SIGNED 9-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried DATE Sept 23/54 NAME OF CEMETERY OR CREMATORY Episcopal LOCATION (City, town, or county) Snow Hill (State) md

DATE REC'D BY LOCAL REG. Sept 23/54 REGISTRAR'S SIGNATURE Lucy E. Cooper
24. FUNERAL DIRECTOR Alley E. Timmis ADDRESS Snow Hill, md

MARGIN RESERVED FOR BINDING

1

RECEIVED
SEP 28 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08915

CERTIFICATE OF DEATH

Reg. Dist. No. 08921 587

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stockton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stockton, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HESTER (Middle) (Last) TEAGLE
4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: August 17, 1877
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Schoolfield
14. MOTHER'S MAIDEN NAME: Mary Schoolfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-073738
17. INFORMANT & ADDRESS: Emma Teagle, Stockton, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: Sudden

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterial Sclerotic Heart — 8/10/54

DUE TO (c) Disease & Congestive failure — 9/9/54

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1954, to 9/9, 1954, that I last saw the deceased alive on 9/9, 1954, and that death occurred at Unknown time, from the causes and on the date stated above.

SIGNATURE Irvine M. Bradford, M.D. (Degree or title) ADDRESS 506-5th Ave Pocomoke Md DATE SIGNED 10/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-4-54
NAME OF CEMETERY OR CREMATORY Stockton cem.
LOCATION (City, town, or county) (State) Stockton, Md.
DATE REC'D BY LOCAL REGISTRAR Oct 3, 54
REGISTRAR'S SIGNATURE Gwyn E. Cooper
24. FUNERAL DIRECTOR Edgar Wharton - New Church, Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08903

08896

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 5

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin / R.F.D. #2; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Margaret (Middle) Emma (Last) Birch.

4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 15, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Snow Hill - Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Hill

14. MOTHER'S MAIDEN NAME: Esther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. No.

17. INFORMANT & ADDRESS: Mrs. John Gibbs Berlin Md R.F.D. 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

H22.2

IMMEDIATE CAUSE (A) Acute Myocarditis attack — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Chr. Myocarditis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1954 to Sept 4, 1954 that I last saw the deceased alive on Sept 4, 1954, and that death occurred at 10.30 A M, from the causes and on the date stated above.

SIGNATURE Chas. R. Lawr M.D. ADDRESS Berlin Md DATE SIGNED Sept. 7 - 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 9/7/54 | NAME OF CEMETERY OR CREMATORY: Evergreen | LOCATION (City, town, or county) (State): Berlin Md

DATE REC'D BY LOCAL REGISTRAR: 9-7-54 | REGISTRAR'S SIGNATURE: Helen I Hayward | 24. FUNERAL DIRECTOR: Emma A Burbage | ADDRESS: Berlin Md

RECEIVED
SEP 8 1954
BUREAU V. S.